

ADMINISTERING MEDICATION POLICY

March 2018

This policy incorporates our Medication Procedure and Medication Care Plan for Emergency Needs. It should be viewed in conjunction with the First Aid and Health and Safety Policies.

INTRODUCTION

Bethany School takes seriously the health and welfare of its students. We are committed to reducing the barriers to participating in school life and learning for all our children and young people. The aim of this policy is to set out the steps that Bethany School will take to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

All medication will be administered to pupils in accordance with the DfE document '[Supporting pupils at school with medical conditions](#)' 2015.

Parent/Carer Responsibility

Parents/carers should not send a child to school if they are unwell and should only send medication to school with their child if it is detrimental to their health not to have the medicine during the day.

Parents/carers are expected to work with the School staff to reach an agreement on the schools role in supporting their child's medical needs. Parents must provide the school with sufficient written information about any particular medical need and treatment as soon as possible when the child first develops a medical need or during the application process. They are also responsible for completing consent forms regarding administering of non-prescribed and prescribed medicines as requested.

Where a child has a long term medical need a written Individual Health Care Plan will be drawn up with the parents and health professionals.

Staff/School Responsibility

Bethany School will ensure that there are sufficient members of staff in place (including back-up arrangements) who are able to manage medicines. This involves participation in appropriate training and guidance, being fully aware of the policy and procedures and working in partnership with parents/carers. This Policy and the First Aid Policy are regularly reviewed with staff and lists of children with medical conditions provided for each staff member at the beginning of the school year, (linked to Individual Healthcare Plans - Appendix 1). All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

MEDICATION PROCEDURE

Non Prescribed Medicines

Occasionally the school may administer a non-prescribed medicine/common remedy such as paracetamol or anti-histamines to a pupil. **Parent/carers consent will usually be gained by each class teacher in advance** (see Appendix 2 for sample consent form). **Permission records will be kept by each class teacher in their own classroom.** In exceptional circumstances (for example an allergic reaction) where parent consent has not been obtained, a first aid trained member of staff acting in loco parentis, may administer non-prescribed medication for a period not exceeding eight days. Whenever medication is given, a record will be kept by the class teacher and parents will be informed. (See Appendix 4- Medication Record sheet)

Prescribed Medicines

The school will not administer prescribed medicine to a child without first gaining the parent's permission.

Parents must give details **in writing** to the class teacher of **any** medicines to be administered to the child.

Medicines must be provided in the original container as dispensed by a pharmacist and include:

- The prescriber's instructions
- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

The parent must supply information of any medicine already administered on that day.

If the child requires regular treatment for an on-going condition (i.e. asthma or diabetes) the parent must complete an Individual Healthcare Plan. See Appendix 1.

Self-Management

Pupils who are competent to manage their own medication/care are encouraged and supported to do so with parent consent. A good example of this is children keeping their own asthma reliever.

Refusing Medicine

When a child refuses to take medicine, staff will not force them to do so. The parent should be informed the same day and the incident recorded using the normal incident reporting procedures. If the refusal results in an emergency, the schools normal emergency procedures apply.

Storage of medicine

All emergency medicines, such as asthma inhalers and adrenaline pens will be readily available to pupils and not locked away. Pupils judged to be responsible can carry their own inhaler or staff will make sure that it is stored in a safe but accessible place and marked with the child's name. This should be made clear on the Individual Healthcare Plan which is taken as permission for a child to carry their own medication if relevant.

Other non-emergency medicines will be kept in a secure place not accessible to pupils. Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. If controlled medicines are required in School they will be kept on behalf of pupils in a locked container to which only named persons have access. Some medicines need to be refrigerated - they can be kept in the school refrigerator containing food but must be in a container and clearly labelled.

Disposal of Medicine

Parents are responsible for ensuring that out of date medicines are returned to a pharmacy for safe disposal. They should collect medicines held at the end of each term.

Medication Care Plan for Emergency Needs

In the event of a child attending the school becoming sick or ill the following procedure will be followed:

- The child's needs will be attended to appropriately. Where and when possible a quiet area may be used to allow a child to rest peacefully.
- Ideally parent consent will have been obtained for administration of some common medicines i.e. paracetamol, however, In exceptional circumstances where parent consent is unobtainable a first aid trained member of staff acting in loco parentis, may administer non-prescribed medication.
- If in doubt about a procedure, staff will check with parent or healthcare professional before proceeding.
- The staff must inform the parent of any medicines administered whilst at school.
- If the child needs to go home, the school will contact the child's parent/carer and ask them to collect their child as soon as possible, explaining the nature of the sickness. If the parent or first named carer cannot be contacted, then the next name on the emergency contact list will be informed.
- A member of staff will observe and supervise the child until the appropriate person arrives to collect them.

- The staff member involved in the incident will ensure that a brief record is made and entered in the usual incident record log.
- If it is suspected that a child is suffering from a contagious disease or illness they will be isolated and their parents contacted immediately and asked to pick the child up as soon as possible.

INDIVIDUAL HEALTH CARE PLANS

Parents/carers are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Individual Healthcare Plans (see Appendix 1) are in place for those pupils with significant medical needs e.g. long-term or ongoing medical conditions such as diabetes, epilepsy, asthma, anaphylaxis etc. or anything requiring treatment for longer than 8 days.

Developing a Healthcare Plan should not be onerous and may be brief or more complex according to the needs of the individual child. They may require input from a parent only or involve the multi-disciplinary team and should provide as much detail as possible to enable everyone to easily follow the plan. A Healthcare Plan should be completed even if a pupil usually manages their own medical needs.

These plans will be completed at the beginning of the school year/when child enrolls/on diagnosis being communicated to staff annually during the transition period.

All staff are made aware of any relevant health care needs and copies of health care plans are available in the school office or "teachers" file on the computer system linked to an alert on the child's individual profile.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

MANAGING MEDICINES ON TRIPS, OUTINGS AND SPORTING ACTIVITIES

The school will try to make reasonable adjustments where possible to enable children with medical needs to participate fully and safely on visits and during sporting activities. This may involve reviewing procedures, altering arrangements, completing risk assessments and incorporating views of parents and medical professionals if required. Specific plans should be incorporated into a child's Individual Healthcare Plan regarding any restrictions or precautionary measures that should be taken.

The staff member in charge of a school trip or sporting activity should be aware of and prepared for any relevant medical conditions and emergency procedures, including the possible need for a specific risk assessment before the activity goes ahead.

During Family afternoon activities all parents are responsible for their own children only. This includes providing adequate supervision and administering First Aid or medication as required.

CONTAGIOUS ILLNESSES

If a child has a contagious illnesses they must be kept away from the School for a specific period of time (see Appendix 3) If a child is brought to the school with a contagious disease or illness the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.

In addition:

- If it is suspected that a child is suffering from a contagious illnesses they will be isolated and their parents advised.
- If a child is brought to the school with any contagious illnesses the staff will not accept them until the minimum exclusion period has elapsed and they have recovered fully.
- If the child requires treatment for an on-going condition (i.e. asthma) the parent must sign the medicine consent form.
- Medicines will be administered under strict supervision of the school staff
- Parents must ensure that school staff can contact them in an emergency.

- A parent/carer must notify school staff if a child who has been attending the school becomes ill with a contagious disease.

EMERGENCY SITUATIONS (See First Aid Policy)

- In the event of an emergency situation school staff may make direct contact with the emergency services.
- Where a first aider considers it necessary, the injured person will be sent directly to hospital (normally by ambulance). Parents/carers will be notified immediately of all major injuries to pupils.
- No casualty will be allowed to travel to hospital unaccompanied and an accompanying adult will be designated in situations where the parents/carers cannot be contacted in time.

Policy Adopted by Governors on: 12/3/18 _____

Policy Due for Review on: March 2021 _____

Please complete this form in as much detail as possible to enable everyone to understand and follow the plan.

Bethany School Individual Healthcare Plan	
Name and class:	
Date:	
Medical diagnosis or condition including allergies	
Parent contact details	
Emergency contact details	
GP contact details	
Describe medical needs and give details of child's signs and symptoms, triggers, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, side-effects and method of administration i.e. staff/self-administered/with or without supervision.	
Daily care or monitoring requirements including foods or substances to avoid in case of allergic reaction.	

Arrangements for school trips and off site activities including P.E

Specific support for the pupils educational, social and emotional needs

Describe what constitutes an emergency, and the action to take if this occurs.

Additional Information or continued information regarding any of the above.

Staff training needed/undertaken who, what, when

Plan developed with _____

Parent Declaration

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Bethany school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 2: Bethany School Sample Consent Form for Academic Year e.g. 2017/2018

Please complete one form for each child in advance and return by.....

Name of Child:

- I give consent to be contacted by email by the class teacher/teaching assistant Yes/No
- My email address is.....

- I give consent for my child to visit Upperthorpe Library during School Hours Yes/No
- I give consent for my child to participate in PE lessons on the Ponderosa Yes/No
during school hours
- I give my child consent to visit the playground on the Ponderosa during school hours Yes/No
- I give consent for my child to have the class teacher or teaching assistant help Yes/No
them to apply Sun cream during school hours
- I give consent to my child to have other adults who are suitably DBS checked and Yes/No
insured to transport them on school trips.

- I give consent for my child to be given calpol/paracetamol if necessary Yes/No
(parents will be informed if and when it is given)
- I understand that the class teacher will try to contact me before giving Yes/No
paracetamol to my child but will give it to them without my knowledge if
I cannot be contacted.
- I agree to advise the class teacher if my child has been given calpol/paracetamol Yes/No
in the morning prior to starting school

- My child has asthma and uses a reliever inhaler Yes/no
- If yes, I will ensure that they have their own inhaler where possible and I give Yes/No
permission for them to use the school's inhaler if necessary.
(Please complete an Individual Healthcare Plan if your child has severe asthma
and may require additional input from staff)

Signed:.....

Name:.....

Date:.....

Appendix 3: Exclusion Table

Infection	Exclusion Period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9 - Health protection in schools and other childcare facilities 18 September 2017
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	Glandular fever	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Ringworm	Not usually required	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection team.
Scabies	Can return after first treatment)	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organize any contact tracing.

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

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